

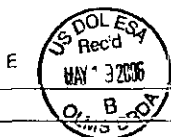
# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <input type="text" value="13056"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2005"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2005"/>
3. Name and address of person filing. Name <input type="text" value="Angelo"/> <input type="text" value="Serse"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="11 Valley Trail"/> City <input type="text" value="Monroe"/> State <input type="text" value="New York"/> ZIP Code + 4 <input type="text" value="10950"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="I.U.P.A.T. District Council No. 9 AFL-CIO"/> Labor Organization File Number <input type="text" value="006-770"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="45 West 14th Street"/> City <input type="text" value="New York"/> State <input type="text" value="New York"/> ZIP Code + 4 <input type="text" value="10011-7419"/>
5. Position in labor organization. <input type="text" value="Business Representative"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text" value="None"/> 7.b. Amount. <input type="text" value="\$0"/>
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

Telephone Number

Name of Person Filing <b>Angelo Serse</b>	File Number U- <b>13056</b>
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b>  Name <input type="text" value="Union Labor Life Insurance Company"/>  Trade Name, if any: <input type="text"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text" value="451 Park Avenue South"/>  City <input type="text" value="New York"/>  State <input type="text" value="New York"/> ZIP Code + 4 <input type="text" value="10016"/>	<b>9. Business deals with:</b>  <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name <input type="text" value="Structural Steel &amp; Bridge Painters of NY"/>  Trade Name, if any: <input type="text"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text" value="40 West 27th Street"/>  City <input type="text" value="New York"/>  State <input type="text" value="New York"/> ZIP Code + 4 <input type="text" value="10001"/>	<b>11.a. Nature of such dealing.</b> <div style="border: 1px solid black; padding: 5px; min-height: 80px;">Amounts paid to insurance carrier providing health insurance benefits for the calendar year 2005.</div> <b>11.b. Approximate dollar value of such dealing.</b> <input type="text" value="\$8,410,592"/>  <b>12.a. Nature of interest held or income received.</b> <div style="border: 1px solid black; padding: 5px; min-height: 100px;">Meeting with insurance company representative to discuss claim issues and resolutions.</div> <b>12.b. Amount.</b> <input type="text" value="\$4"/>

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name <input type="text"/>  Trade Name, if any: <input type="text"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text"/>  City <input type="text"/>  State <input type="text"/> ZIP Code + 4 <input type="text"/>	<b>14.a. Nature of payment.</b> <div style="border: 1px solid black; padding: 5px; min-height: 100px;">None.</div> <b>14.b. Amount of payment.</b> <input type="text" value="\$0"/>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	

Name of Person Filing Angelo Serse

File Number U- 13056

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Union Labor Life Insurance Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 451 Park Avenue South

City New York

State New York ZIP Code + 4 10016

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Structural Steel &amp; Bridge Fainters of NY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 40 West 27th Street

City New York

State New York ZIP Code + 4 10001

## 11.a. Nature of such dealing.

Amounts paid to insurance carrier providing health insurance benefits for the calendar year 2005.

## 11.b. Approximate dollar value of such dealing.

\$8,410,592

## 12.a. Nature of interest held or income received.

Meeting with insurance company representative to discuss claim issues and resolutions.

## 12.b. Amount.

\$4

Name of Person Filing Angelo Serse

File Number U- 13056

Part B Continuation Page

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11.a. Nature of such dealing.

Amounts paid to insurance carrier providing health insurance benefits for the calendar year 2005.

11.b. Approximate dollar value of such dealing.

\$8,410,592

12.a. Nature of interest held or income received.

Meeting with insurance company representative to discuss claim issues and resolutions.

12.b. Amount.

\$100

Name of Person Filing Angelo Serse

File Number U- 13056

## Part B Continuation Page

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Amounts paid to insurance carrier providing health insurance benefits for the calendar year 2005.

## 11.b. Approximate dollar value of such dealing.

\$8,410,592

## 12.a. Nature of interest held or income received.

Meeting with insurance company representative to discuss claim issues and resolutions.

## 12.b. Amount.

\$17

Name of Person Filing Angelo Serse

File Number U- 13056

Part B Continuation Page

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☒ b. Trust

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Street 40 West 27th Street

City New York

State New York ZIP Code + 4 10001

11.a. Nature of such dealing.

Amounts paid to insurance carrier providing health insurance benefits for the calendar year 2005.

11.b. Approximate dollar value of such dealing.

\$8,410,592

12.a. Nature of interest held or income received.

Meeting with insurance company representative to discuss claim issues and resolutions.

12.b. Amount.

\$3

Name of Person Filing Angelo Serse

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## Part B Continuation Page

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City New York

State New York ZIP Code + 4 10001

## 11.a. Nature of such dealing.

Amounts paid to insurance carrier providing health insurance benefits for the calendar year 2005.

## 11.b. Approximate dollar value of such dealing.

\$8,410,592

## 12.a. Nature of interest held or income received.

Meeting with insurance company representative to discuss claim issues and resolutions.

## 12.b. Amount.

\$37

Name of Person Filing Angelo Serse	File Number U- 13056
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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Union Labor Life Insurance Company"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="451 Park Avenue South"/></p> <p>City <input type="text" value="New York"/></p> <p>State <input type="text" value="New York"/> ZIP Code + 4 <input type="text" value="10016"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="Structural Steel &amp; Bridge Painters of NY"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="40 West 27th Street"/></p> <p>City <input type="text" value="New York"/></p> <p>State <input type="text" value="New York"/> ZIP Code + 4 <input type="text" value="10001"/></p>	<p>11.a. Nature of such dealing.</p> <p><input type="text" value="Amounts paid to insurance carrier providing health insurance benefits for the calendar year 2005."/></p> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$8,410,592"/></p> <p>12.a. Nature of interest held or income received.</p> <p><input type="text" value="Meeting with insurance company representative to discuss claim issues and resolutions."/></p> <p>12.b. Amount. <input type="text" value="\$91"/></p>